

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/509650

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
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49						
50						
TOTAL IND.	2	1				
TOTAL DEP.	1	2				
TOTAL CLAIMS	3	3				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.	1	1				
TOTAL DEP.	1	1				
TOTAL CLAIMS	2	2				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS